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CONFIRMATION NO. 5436

SERIAL NUMBER 10/675,288	FILING OR 371(c) DATE 09/30/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO.
APPLICANTS William Joseph Jacob, Kansas City, MO;				
** CONTINUING DATA ***** NONE ASL 7/19/06				
** FOREIGN APPLICATIONS ***** NONE ASL 7/19/06				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/23/2003				
** SMALL ENTITY **				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>Amadeus Lopez</u> ASL Examiner's Signature Initials	STATE OR COUNTRY MO	SHEETS DRAWING 4	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 3				
ADDRESS William Joseph Jacob 10904 Indiana Avenue Kansas City, MO 64137				
TITLE Periphery view goggle and remote breathing assembly				
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	